The efficacy of the Draw A Person Test (DAPT) in interpreting children's personalities in Zimbabwe.

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Abstract

This study sought to explore the efficacy of the Draw A Person Test (DAPT) in interpreting children's personalities in Zimbabwe by determining and establishing how it helps in the interpretation and understanding of children's sexual orientations and personality disorders. The study took a qualitative approach with a sample of 7 children using the descriptive case study research design. Data was gathered using the Draw a Person Test, observations and in-depth interviews with the participants and their parents or guardians. The study revealed that, the Draw A Person Test was able to successfully interpret the personality traits of children from a Zimbabwean sample thereby validating its effectiveness in interpreting children's personality in Zimbabwe. The study also exposed that the DAPT is less effective in interpreting children's sexual orientations in Zimbabwe as most personality traits considered as abnormal in DSM-5 are considered normal and healthy in the Zimbabwean context. It was recommended that different cultures and regions should have different DSM to be used in conjunction with the Draw A Person Test if it is to effectively diagnose personality disorders in various regions.
Keywords: Draw A Person Test, Personality, Personality disorder, Sexual orientation.

1.   Introduction

The Draw a Person Test is a figure drawing test/task and is a projective diagnostic technique in which one is instructed to draw a person, a scene or an object psychological functioning or cognitive interpersonal functions can be assessed. According to Mpangane (2015), projective tests are the ones in which a test taker provides abstract, ambiguous stimuli often in picture or drawing form. The Draw A Person Test is different from other Tests such as the Rorschach Technique and Thematic Apperception Test which requires the Test taker to interpret already existing pictures. The Draw A Person Test requires the Test taker to create pictures themselves. According to Amod et al (2013), figure drawing tests in most cases are given to children in the sense that, they are simple, manageable tasks to which children can enjoy and relate to. Many figure drawing tests are measures of cognitive development and cognitive abilities. In these tests, the focus is on how good a child draws and the content of his drawing.

Some figure drawing tests are used as part of the diagnostic procedure for specific types of psychological or neuropsychological impairment, such as central nervous system dysfunction or mental retardation (Kanchan, Khan, Singh, Jahan & Sengar, 2010). When clues and instructions are so general, as in the DAPT, people will 'project' aspects of their personality into the task. Some researchers argue that a troubled personality can often keep it together on an IQ tests and other standard tests, then fall apart when faced with projective tasks therefore, it could be used to raise a red flag where someone is intentionally or unintentionally suppressing other sides of their personality (Comer, 2015). Despite ongoing controversy surrounding projective drawing tests Amod et al (2013). According to Camara et al (2000), the human figure drawings has remained the widely used psychological tests by

clinicians. For purposes of this research the figure drawing test to be used is the draw a person test (DAPT) which will be employed to interpret children's personalities in Mucheke- ZBS residential area in Masvingo.

1.1 Research Objectives

➢ To determine how the DAPT helps towards understanding children's sexual orientation.

➢ To establish the efficacy of the DAPT in understanding personality disorders in children.

➢ To recommend necessary alterations to the test if any.

2.   Materials and methods

2.1. Research Approach and Design

This research implemented the qualitative research approach to gain an understanding of underlying reasons, opinions, and motivations of children's personalities in Zimbabwe. The qualitative research method allowed the researcher to analyze the overall quality of the drawing and formulate hypothesis that will help researcher to answer the research questions as well as recommend possible alterations or additions, if any, for the test to be effectively used in Zimbabwe (Cooper & Schindler, 2008). A descriptive case study research design was utilized to provide a well-detailed, thorough and exhaustive examination of the subject matter at hand and its condition as at that time. It is a detailed examination of an aspect of a historical episode to develop or test historical explanations that may be generalizable to other events. The design permits researchers to test the validity of social theories as well as come up with their own (Levy, 2008). This research design enabled researcher to ascertain the effectiveness of the DAPT in interpreting children's personalities in Zimbabwe versus its generalized claim by its authors that it is universally applicable.

2.2. Population

In descriptive case studies the unit of study is based upon 'purposeful' rather than random sampling (Campbell et al; 2020). This study's target population consisted of 4-year-old to 12 years old children from Mucheke ZBS residential area in Masvingo. The children come from different specific frames of reference.

2.3. Instruments

The primary data collection techniques were largely the DAPT, observation and the face to face in-depth interview with the participants and their parents or guardians. DAPT is one of the projective techniques in which an individual is instructed to draw a person so that interpersonal, cognitive and also psychological functioning can be assessed (Mpangane, 2015). This instrument was preferred because it allowed the researcher to have greater opportunity to ask follow-up questions, probe for additional information, and circle back to key questions later on in the interview to generate a rich understanding of attitudes, perceptions, motivations and personalities. It also allowed the monitoring of changes in tone and word choice to gain a deeper understanding while focusing on body language.

Unstructured observation was employed while taking notes during the DAPT. Observation data collection method allowed researchers to have direct access to research phenomena and high levels of flexibility in terms of application and generating a permanent record of phenomena to be referred to later (Dudoskiy, 2018).

2.4. Data Analysis Process

Thematic analysis was used to analyse and interpret the data. It is a method of analysing qualitative data that allows the researcher to closely examine the data to identify common themes, topics, ideas and patterns of meaning that come up repeatedly. The approach was selected because it is a flexible method that can be adapted to the purposes of the research at hand (Caulfield, 2019).

3.   Results

3.1. Children's Sexual Orientation

Findings from the DAP and in-depth interviews revealed that it is difficult to tell a child's sexual orientation merely through examining their drawings. The DAP manual states that omission of some body parts such as genitals might be a sign that he/she is anxious about those parts due to various reasons including that they might have been abused or they will be afraid of coming out open about their sexual preference. The manual also states that first sex drawn is indicative of the sexual preferences/gender identity disorder of the subject that is males with this disorder will often draw a female first and vice versa. All the research participants' first drawings were either of themselves or their mothers, who are significant in their lives at their ages, which the DAPT manual interprets as being normal.

3.2. Personality Disorders

This study revealed that DAP is capable of interpreting personality disorders and those noted among the study participants falls in all the three clusters of personality disorders, as specified in DSM-5. These are: odd, dramatic and anxious personality disorders. Some participants revealed evidence of various disorders found in different clusters.

3.3. Odd personality disorder.

This cluster comprises of the schizoid, schizotypal and the paranoid personality disorders. However, only the paranoid personality disorder was found to be demonstrated by some of the study participants.

3.3.1. Paranoid personality disorder

According to the American Psychological Association (2013) these people deeply distrust other people and are suspicious of their motives. These individuals fail to recognize their mistakes, and sometimes sensitive to criticism. They often blame others for things that go wrong within their own life (Comer, 2015).

In the DAPT administered participants A, C, D, F who drew large eyes which is interpreted by the DAPT manual as symbolizing suspicion of others talking about them and it was backed by the in-depth interviews with both the participants and their parents or guardian. In particular participant D also drew large eyes which also symbolize suspicion according to the manual as well. Participant D's mother confirmed this saying often when participants hears other family members talking and laughing in her absence, she always asks them '*mati ndadii nhai zvakusetsai*?' (What did I do that made you laugh?). She always wants an update of what has been said and when she will have a sigh of relief when she knows that she was not the subject. She repeatedly bears grudges, always referring to what happened in the past despite the one having asked for forgiveness.
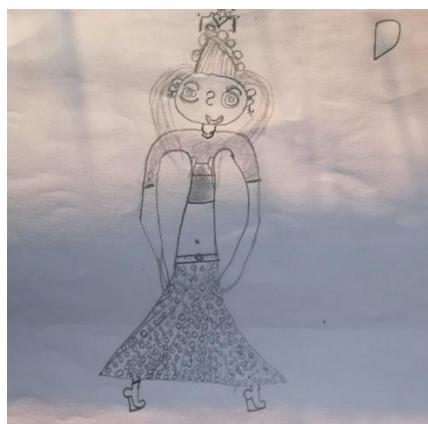

Figure 1: *Participant D's drawing featuring paranoia and dependency symptoms*

According to psychodynamics, this disorder is caused by early interactions with demanding parents, particularly distant fathers and over controlling rejecting mothers (Commer, 2015)**.** Through the in-depth interview with the mother it was noted that participant D, is a second born who lives with her single mother. Participant was rejected by her father as soon as she was conceived citing that he was not yet ready to have another child since her first-born brother was still very young, only 9 months. This was also one of the bones of contention leading to their ultimate divorce when participant was 2 years old.

3.5. Dramatic Personality disorders

This cluster consist of antisocial, boarder line and narcissistic personality disorders. Only antisocial and borderline personality disorders were found relevant to the group under study.

3.5.1. Antisocial personality disorders

These people are self-centered and are quick to start fights (Comer, 2015). According to DSM-5, this disorder should be diagnosed at 18 but research shows that most people with this disorder displayed some patterns of misbehaving

before they were 15. Patterns of misbehaving include truancy which is an act of avoiding responsibilities and duties, especially referring to school absenteeism (Comer, 2015).

Among the participants was an 11-year-old boy who is in grade 5, participant E, who drew a clown, monster or cartoon like drawing which does not resemble a normal human being. Many body parts are missing and those present are poorly integrated and the head is very big. The DAPT manual interprets clown or monster drawings as an indication of a poor self-concept and self- hating thoughts. Poorly integrated parts indicate motor types of learning disability or doing badly in school.
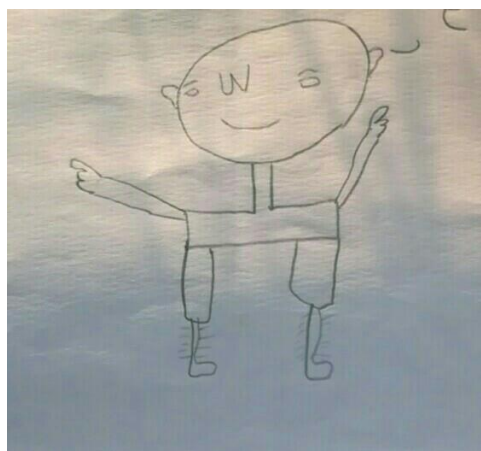

Figure 2: *Participant E's drawing features antisocial personality disorder symptoms*

Though, there was no evidence of abuse, the family history does provide gaps in which actual abuse could have taken place. When participant was around 3 years, his parents separated leaving him and his grade 3 sister in the custody of their father where they rented together with many other tenants. This gap of parental absence could have created an opportunity for abuse of any nature to the children leading to the self-hating thoughts, depersonalization and a poor self-concept. He is short- tempered, rude and egocentric. The participant's IQ was rated using the drawing and it was found that he is operating at an IQ age of 6 years. This then evidenced that the large head cannot be due to valuing intellect or desires to be smart but an organic brain damage according to the DAPT manual. This is in agreement with Lamminpää, et al (2020), who argues that, a large oversized head on the human figure can be seen as the result of the lack of forward planning by the child rather than a sign of the importance the child places on the head, as in the clinical-projective approach.

3.5.2. Borderline Personality Disorder.

These individuals experience dramatic shifts in identity; unstable sense of self, their goals, aspirations and friends may change rapidly. They often engage in self-destructing activities in manipulative ways to get their needs or demands be met by those around them. They are suicidal and others do successfully commit suicide, peak during

adulthood and reduce in advancing age (Newnham and Janca, 2014). In the study participant B portrayed characteristics of this personality disorder. Participant B is a 4-year-old girl in E, C, D and A. Her mother commented that

> *'anoda zvinhu, anodherera hanzvadzi dzake uye anoda kuvatungamirira.'* (She likes flashy things, bullies her elder brothers and can manipulate them in whatever way just to have her way and she is also bossy wanting to be on the lead all the time).

**Figure 3 (*Symptoms of borderline disorder by Participant B).*
*3.6. Anxious Personality Disorders***

This cluster consists of the avoidant, dependent and obsessive- compulsive personality disorders. It was the avoidant and dependent personality disorders that were found to be displayed by the study participants.

3.6.1. Avoidant personality disorders

This is characterized with a fear of humiliation, low confidence and shyness. The DAPT manual states that asymmetry of limbs, teeth, long arms, tiny figures, hands cut off indicates that the child is shy. All drawings had asymmetry of limbs coupled with teeth, long arms, tiny figures or hands cut off. For example, participant A even had hard lips on his drawing which symbolizes difficulty in relating to others according to the manual. His mother confirmed that by saying,

> *ndomuwana akangogara ega muclass pandonomutora vamwe vachitamba panze. Kana ndisiri kunomutora anouya achifamba angori ega asi kuno kunogara vamwe vaanodzidza navo.* (I always find him seated alone in class whenever I go to collect him from school and if I am not going to collect him, he comes back home alone despite having classmates who stays near us).
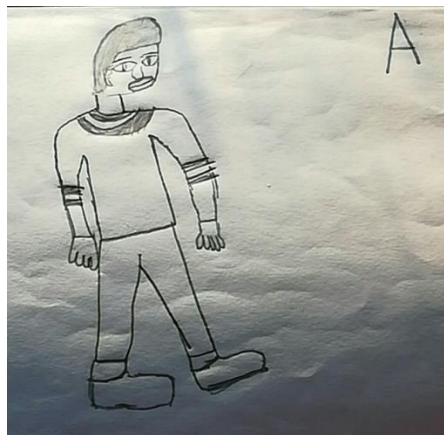
Figure 4 (*Features of avoidant disorder by Participant A).*

Psychodynamic theorists argue that, a child is likely to develop a negative self-image if parents repeatedly punish a child for having early bowel and bladder accidents leading to higher levels of distrust and unlovable feelings. Cognitive theorists posit that, criticism and rejection during early childhood often lead to some children assuming everyone in the society will judge them negatively. These children end up expecting rejection, misinterpreting others reactions to fit their irrational expectations, fear social involvement and generally discounting positive feedback setting a room for avoidant personality disorders (Lampe and Sunderland, 2013). This is in agreement with the mother's confession that,

> *ini handidi zvisina basa, mwana anofanira kuterera zvandataura oita pasinakubvunza. Havana mvumo yokundiudza zvokuita uye ndinoda utsanana nezvinhu zvakarongeka'* (I am a very strict mother who is concerned about smartness and order. Children have a duty to obey their parents' instructions without objections).

Such parents tend to be very strict and negative about their children thus confirming the theorists' propositions and as a result DAPT was effective in interpreting this personality disorder.

3.6.2. Dependent personality disorder

These people are clinging and obedient, fearing separation from their parents or other significant people in their lives. They rely on these people so much that they cannot make independent decisions on their own without approval from these people (Comer, 2015).

According to the DAPT manual, children who drew belly buttons are associated with this disorder. In relation to the study, participant C drew a buttoned shirt and D drew a belly button symbolizing dependents according to the manual. Participant D is shy and too dependent on her significant others for positive comments and encouragement for her to perform better. According to the mother her success participation in groups such as Sunday school at church is mostly due to her Sunday School Teacher who is very positive and encourages them biblically declaring that;

> *hakuna mwana waMwari asingagone'* (no child of God is dump).

Psychodynamic theorists claim that the disorder is caused by unaddressed conflicts during the child's oral stage of development, over involvement and overprotective of the parents during childhood thus increasing their dependency, insecurity and separation anxiety. Behaviorists' states that parents reward their children's clinging and loyal behavior, punishing acts of independence perhaps through the withdrawal of love. However, cognitive theorists argue that it is one's maladaptive thinking that leads one to feel inadequate to function in the environment. In this research, participant D was found to portray this disorder, also has paranoia therefore, it could be due to paranoia that she now views herself as insufficient to operate in the environment then resorted to dependency for support thus fulfilling the cognitive theorists propositions hence it could be argued that the DAPT successfully projected the participant's inner world.

Participant F and G had drawings with missing limps. Participant F's drawing had the upper arm but no forearms, hands and fingers while Participant F's drawing had the entire left arm omitted.
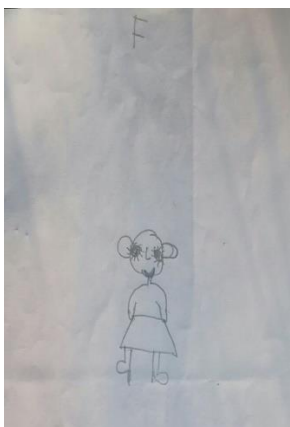

Figure 5: Drawing for Participant F   *Figure 6: Participant G'S drawing*

According to the DAPT manual the participants could be very much concerned/ anxious about these parts causing them to be omitted but no proper personality traits responsible for the omission were identified.

4. Discussion

The research findings revealed that the DAPT has been successful in pointing out/ interpreting the early signs of various personalities especially personality disorders but has not been clear when it comes to the participants' sexual orientation. It was able to interpret the onset of personality disorders in all the three clusters (odd, dramatic and anxious) of personality disorders. Specifically, paranoid, antisocial, avoidant, dependent and border line personality disorders were found to be demonstrated by the participants.

It is important to note that though these disorders' characteristics were identified in children, the APA (2013) recommends that they be diagnosed well past adolescent. These characteristics such as being manipulative to the extent of inflicting harm on self, shyness, egocentric, isolation, depersonalization and duties aversion are considered

common and normal parts of childhood development. However, various theorists and researchers (Newnham and Janca, 2014; Melay and Yekely, 2010; Lampe and Sunderland, 2013 & Rotter, 2011) are in agreement that most of these personality disorders emanates from these childhood characteristics depending on how well they would have been handled by their parents and their significant others.

These researchers' findings (Newnham & Janca, 2014; Melay and Yekely, 2010; Lampe and Sunderland, 2013 & Rotter, 2011) are in agreement with the psychosocial stages of development as outline by Erikson (1963). Successful completion of each stage results in a healthy personality and the acquisition of basic virtues. Failure to successfully complete a stage can result in a reduced ability to complete further stages and therefore an unhealthier personality and sense of self. However, according to the process and symbols in drawings approaches the culture of the participants should be considered when interpreting images drawn. Lamminpää et al., (2020), in the process approach, argue that children base their images on the cues they are responsive to in their environment. Errors in children's drawings may be the result of the children's limited exposure to graphic models in the environment, since children normally only see the finished product and cannot easily see the process by which it was formed. This is supported by research which has shown that when children are shown the production process, even preschoolers can improve their drawings (Light, et al., 2019). This is mostly perpetuated by the fact that in most African States drawing on paper is not a culture for young children. Initially they are taught to write and draw on the ground and are encouraged to make objects out of mud/clay (Foxcroft et al., 2004).

Furthermore, the symbols in drawings approach argue that, though consensus may be found as to which qualities a symbol reflects, individual differences can still appear. The meaning will be relevant only as long as that particular community chooses to interpret the symbol in the agreed manner. Therefore, this can only be applicable to cultures which have a lot in common as this entails that even their symbols will be more or less the same thus similar interpretations can be given easily to avoid misdiagnosis. This revelation implies that, in as much as the Western culture is very different from the African and other cultures it is not appropriate to have a single Diagnostic Statistical Measure (DSM) to cover all cultures (Comer, 2015). This is causing misdiagnosis leading to wrong interventions in the other cultures. This calls for a Zimbabwean culture sensitive DSM, for the DAPT to successfully interpret personality disorders of children within its cultures, not a one culture fits all diagnostic measure.

In Zimbabwe, reserved and closed up people are considered

> *vane tsika, havana shura nemunhu uye havafukuri hapwa'* (down to earth, peaceful and does not reveal secrets).People who are critical and not too trusting are said *'vanoziva kuti haasi munhu wese anovada saka upenyu ndehwekutochenjerera kuti usakwezva mbavha kana anozokuroya'* (to be aware that not everyone loves them so they have to be critical lest they attract thieves or witches in their lives).

Just as beauty is in the eyes of the beholder, so are personality disorders. This means that keeping to oneself is considered a safety strategy locally, therefore, for as long as the DAPT is used in conjunction with the western DSM which interprets local strengths as disorders, will be confusing and sticking to its requirements will lead to many misdiagnosed cases.

In this research, most participants' come from isolated family background. Their families are isolated, they rarely visit even their relatives in the rural areas or other town. One parent said,

> *zvonetsa kuti unyatsonzwisisa kuti vana ava vamire papi nokuti chero isu semhuri hapana patinomboshanyiranawo chero nevani'ina kana madzikoma edu. Tinongozvigarira, zvokuita ushamwari nevanhu vekungosangana navo kuchirungu zvinonetsa, togumira pakumhoresana nevavakidzani.* (Understanding why these children behave in such a manner is difficult since even their parents rarely visit their siblings or even relatives in their rural areas. They don't trust having close relations with people they just met, so they stay isolated).

This is the lifestyle that these children have been exposed to since birth and they have interpreted it as normal hence their behaviours follow suite. Lamminpää, et al., (2020), support this scenario in the process approach where he argued that, those considered to be the children errors leading to the diagnosis of personality disorders are inherent biases, production constraints, motor or social factors that the children could not be in control of. The isolation that these children has been exposed to since birth means they have had limited exposure to various models in their environment, as a result using DAPT to interpret their personalities will lead to misdiagnosis.

It is also important to note that the personality disorders in DSM-5 have prominent and central features/symptoms that often have significant overlap, figure 1, leading to frequent misdiagnoses or to multiple diagnoses for a given client (Comer, 2015). The fact that it is causing confusion to its original countries makes it an unsafe tool to be used in other cultures such as Zimbabwean cultures.

5. Conclusion

The study revealed that, the DAPT was able to successfully interpret the personality traits of children in Zimbabwe. This reveals that the DAPT can effectively interpret children's personality in Zimbabwe however; it cannot be effectively used to diagnose personality disorders locally due to the cultural biasness of its accomplice, the DSM-5. Most personality traits considered to be lunatic by the DSM are healthy behaviors in most Zimbabwean cultures thus making the DAPT an invalid instrument to use to diagnose personality disorders in Zimbabwe due to its accomplice. This is exacerbated by the fact that the DSM originated in the Western Cultures so all of the researches done to confirm its validity and reliability were done in western populations who hold different beliefs than those held in Zimbabwe.

It was also discovered that children's sexual orientation in Zimbabwe is difficult to interpret using the DAPT due to cultural restrictions of children associating with children of opposite sex. This causes children to inhibit their desires they know will cause them to be punished until they are old enough to defend themselves for their behaviors. It was also realized that judging a person's sexual orientation merely by the sex of the person drawn first is too shallow.

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